

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

IN RE: ASBESTOS PRODUCTS LIABILITY
LITIGATION (NO. VI)

This Document Relates To:

Cases from the law firm of Cascino Vaughan Law
Offices, Ltd.

U.S. DISTRICT COURT FOR THE WESTERN
DISTRICT OF WISCONSIN
Suoja v. Owens-Illinois, et al., Case No. 99-0475

Civil Action No. MDL 875

MOTION TO APPOINT SPECIAL ADMINISTRATOR

NOW COMES Gary Suoja, by and through her/his attorneys, CASCINO VAUGHAN LAW OFFICES, LTD. and pursuant to Rule 25 (a) of the Federal Rules of Civil Procedure, moves this Honorable Court to enter an order to appoint her/him Special Administrator on behalf of Oswald F Suoja, deceased, to litigate the above-captioned matter, and to change the above caption to reflect the same, and, in support thereof, states as follows:

1. Plaintiff, Oswald F Suoja, died on 12/29/1996, pursuant to State of Wisconsin Medical Death Certificate attached hereto.

2. Gary Suoja is the son of Oswald F Suoja.

WHEREFORE, Gary Suoja, moves this Honorable Court to enter an order appointing him/her Special Administrator for the purpose of litigating this cause, and changing the caption to read: Gary Suoja, individually and as special administrator of the estate of Oswald F Suoja, deceased, Plaintiff v. Owens-Illinois, et. al., Defendants.

Respectfully submitted,

By: s/ Michael P. Cascino

One of Plaintiff's Attorneys

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DOUGLAS COUNTY REGISTER OF DEEDS

State of Wisconsin - County of Douglas

This is to certify that this document is a true and correct reproduction of the record filed in the Register of Deeds Office, Douglas County, Wisconsin.

Without the raised seal this is an uncertified copy. It is illegal to copy this record unless specifically authorized by law.

JAN 14 1997

Date

Register of Deeds

Deputy, Register of Deeds

DOH 5040 (Rev. 11/91)
Chap. 60, Wis. Stats.

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
ORIGINAL CERTIFICATE OF DEATH

STATE FILING DATE

LOCAL FILE NUMBER 400

1. DECEDENT'S NAME: Oswald F SUOJA

2. SEX: M

3. SOC. SEC. NUMBER OF DECEDENT: [REDACTED] 3647

4a. PRONOUNCED DEAD DATE: Dec. 29, 1996

4b. HOUR: 11:12 A.M.

5. BODY FOUND: ☒ YES ☐ NO

6a. AGE (Years): 73

6b. UNDER 1: ☐ YES ☒ NO

6c. UNDER 5: ☐ YES ☒ NO

7. DATE OF BIRTH: [REDACTED], 1923

8a. COUNTY OF DEATH: Douglas

8b. DEATH OCCURRED INSIDE: ☒ CITY, VILLAGE, TOWNSHIP: Superior

8c. (CHECK ONE) ☒ CH ☐ Y ☐ T

9. DEATH AT: ☐ HOME ☐ DOA - Hosp. ☐ DOA - From Other ☐ NA ☐ Other

10. OTHER PLACE: ☐ NA ☐ Other

11a. HOSPITAL (AND CAMPUS) OR NURSING HOME (If not in Hospital or Nursing Home give Street address): 1902 Maryland Avenue

11b. NURSING HOME LICENSE NO.:

12. MARITAL STATUS: ☒ Married ☐ Never Married ☐ Divorced ☐ Widowed

13a. RESIDENCE - STATE: Wisconsin

13b. RESIDENCE - COUNTY: Douglas

13c. RESIDENCE - INSIDE CITY, VILLAGE, TOWNSHIP: Superior

13d. (CHECK ONE) ☒ CH ☐ Y ☐ T

14a. NUMBER, STREET: 1902 Maryland Avenue

14b. ZIP CODE: 54880

15. STATE OF BIRTH (Country if not in U.S.): Minnesota

16. FATHER'S NAME: Herman Suoja

17. MOTHER'S NAME: Sigrid Henrickson

18. RACE (e.g. White, Black, Am. Indian, etc.): White

19. HISPANIC ORIGIN? (Specify Cuban, Mexican, etc.):

20a. USUAL OCCUPATION (Do not enter "Retired"): Asbestos Worker

20b. KIND OF BUSINESS/INDUSTRY: HEAT and FROST INSULATORS

21. EDUCATION: ☐ Completed ☐ Incomplete

22. DECEDENT EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO

23. SURVIVING SPOUSE (If wife, give birth surname, not married surname) (First, Middle, Last): Delores Dalbec

24a. INFORMANT'S NAME: Delores Suoja

24b. MAILING ADDRESS: 1902 Maryland Avenue, Superior, Wisconsin 54880

25. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Other

26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood Cemetery, Superior, WI.

27. LOCATION: City/Village/Township: Superior, State: Wisconsin

28. DATE SIGNED BY FUNERAL SERVICE LICENSEE: December 30, 1996

29. DATE RECEIVED FROM MED. CERT: 1-6-1997

30a. FUNERAL SERVICE LICENSEE (or person acting as such): [Signature]

30b. WI LICENSE NO.: 4689

31. NAME AND MAILING ADDRESS OF FACILITY (Street and number, City, State, Zip): Lenroot-Maetzold Funeral Home, 1209 E 5th Street, Superior, Wisconsin 54880

32. CERTIFYING PHYSICIAN - To the best of my knowledge death was pronounced and occurred at the time(s) and due to the cause(s) stated. ☒ CORONER/ME - On the basis of examination and/or investigation, I am of my opinion death was pronounced and occurred at the time(s) and due to the cause(s) and manner stated. (Check One)

33. DATE OF DEATH (Mo., Day, Yr.): Dec. 29, 1996

34. AUTOPSY PERFORMED? ☐ YES ☒ NO

35a. MEDICAL CERTIFICATE SIGNATURE & TITLE (Block Ink): Betty Smith DME

35b. DATE SIGNED (Mo., Day, Yr.): 1-6-1997

36. WI PHYSICIAN LICENSE NO.: 000016

37. CERTIFIER'S MAILING ADDRESS (Street, & Number, City, State, Zip): 2872 E. Milchesky Road, Foxboro, Wisconsin 54836

38. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Undet. ☐ Suicide ☐ Pending

39. DATE OF INJURY (Mo., Day, Yr.):

40. HOUR OF INJURY:

41. PLACE OF INJURY (Home, Street, Farm, etc.):

42. INJURY AT WORK? ☐ YES ☒ NO

43a. LOCATION (Street or R.D., City or Vill., and State in which injury occurred):

43b. COUNTY:

44. REGISTRAR SIGNATURE: Kathy J. Hanson

45. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): January 13, 1997

46. PART I: Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock or heart failure. List only one cause of death on each line. Do not list old age or senility as sole cause.

IMMEDIATE CAUSE: (a) Mesothelioma (DUE TO OR AS A CONSEQUENCE OF)

(b) Asbestos Exposure (DUE TO OR AS A CONSEQUENCE OF)

Sequentially list conditions if any, leading to immediate cause. UNDERLYING CAUSE LAST. (Disease or injury that initiated events resulting in death)

47. IF INJURY, DESCRIBE HOW INJURY OCCURRED:

Interval between onset and death: Months

Years

PART II: Other significant conditions contributing to death but not resulting in underlying cause given in Part I: Diabetes/Type 1

Accident U.C.O.D.:

Accident Coding:

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

CERTIFICATE OF SERVICE
FOR CASE NO. 99-0475

I hereby certify that on November 17, 2008, I sent for filing with the Clerk of the United States District Court for the Eastern District of Pennsylvania, and electronically filed the foregoing with the United States District Court for the Western District of Wisconsin using the CM/ECF system which will send notification of such filing to the following:

Matthew J. Fischer
mfischer@schiffhardin.com

and I mailed by United States Postal Service copies to the following non-CM/ECF participants:

Robert H. Riley
SCHIFF, HARDIN & WAITE
7200 SEARS TOWER
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s/ Michael P. Cascino

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